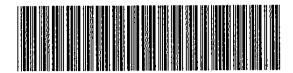
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SECRETARY OF STATE
ALLARASSER, FLORIDA

COVER LETTER

	TO: Registration Section Division of Corporations			
	SUBJECT: 5DM Networks			
•	Name of Limited Liability Company			
	The enclosed Articles of Organization and fee(s) are submitted for filing.			
	Please return all correspondence concerning this matter to the following:			
	Sarah D. McCall Name of Person			
	SDM Networks Firm/Company			
	235 Wimbledon Circle			
	Heathrow, FL 32746 City/State and Zip Code			
	Sdm networks@ 9 mail. com E-mail address: (to be used for future annual report notification)			
	For further information concerning this matter, please call:			
	Sarah McCall at (912) 455-1529 Name of Person Area Code & Daytime Telephone Number			
	Enclosed is a check for the following amount:			
	□\$125.00 Filing Fee & Certificate of Status □\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)			
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "Ll.C.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
235 Wimbledon Circle Heathrow, FL 32746	235 Wimbledon Circle Heathrow, FL 32746
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
Sarah D. Name 235 Wimble Florida street addr	ess (P.O. Box NOT acceptable)
Heathrow City, Stat	FL 39746 e, and Zip
Having been named as registered agent and to action liability company at the place designated in the registered agent and agree to act in this capacity all statutes relating to the proper and complete and accept the obligations of my position as reg	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of performance of my duties, and I am familiar with istered agent as provided for in Chapter 608, F.S
Registered Agent's Signatur	e (KEQUIKED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
manager	Sarah D. McCall 235 Wimbledon Cir Heathrow, F132746
(Use attachment if necessary)	
	date of filing: (OPTIONAL be specific and cannot be more than five business

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Sarah D. McCall
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)